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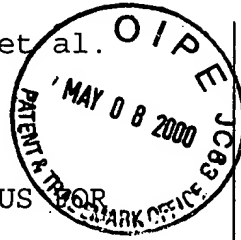
Applicant : Jonathan C. Kagle et al.

Serial No.: 09/505,223

Filed : February 16, 2000

For : METHOD AND APPARATUS  
CAPTURING IMAGES

Docket No.: M61.12-0161



Group Art Unit: 715

Examiner:

TC 2700 MAIL ROOM

MAY 24 2000

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REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents  
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*Theresa M. [Signature]*  
PATENT ATTORNEY

Sir:

1. Enclosed is a copy of the Official Filing Receipt received from the PTO in the above-identified application for which issuance of a corrected Filing Receipt is requested.
2. There is an error with respect to the following data, which is:

- ☒ incorrectly entered; and/or  
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The correction for this error is indicated on the enclosed copy of the Official Filing Receipt and is listed below:

<u>Error in</u>	<u>Corrected data</u>
A. <input type="checkbox"/> Applicant's Name	A.
B. <input type="checkbox"/> Applicant's Address	B.
C. <input checked="" type="checkbox"/> Title	C. Method and Apparatus for Capturing Images
D. <input type="checkbox"/> Filing Date	D.
E. <input type="checkbox"/> Serial No.	E.
F. <input type="checkbox"/> Foreign - PCT	F.



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App. Action Re:

G. ☐ Other

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3. (Complete the following applicable item)

A. ☒ The correction(s) is/are not due to any error by applicant and no fee is due.

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B. ☐ At least one of the above corrections is due to applicant's error and the fee therefor, under 37 C.F.R. § 1.19(h), of \$25.00 is paid as follows:

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The Commissioner is authorized to charge any fee deficiency required by this paper or credit any overpayment to Deposit Account No. 23-1123. A duplicate copy of this communication is enclosed.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

By:

  
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## FILING RECEIPT

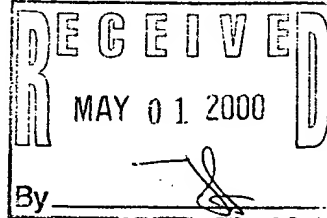


\*OC000000005074846\*

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT. CLAIMS	IND CLAIMS
09/505,223	02/16/2000	2712	816	M61.12-0161	6	27	

Westman Champlin & Kelly P A  
International Centre  
Suite 1600  
900 Second Avenue  
Minneapolis, MN 55402-3319



Date Mailed: 04/25/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Jonathan C. Kagle, Redmond, WA ;  
Gilad Odinak, Bellevue, WA ;

## Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/136,517 05/28/1999

## Foreign Applications

If Required, Foreign Filing License Granted 04/25/2000

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## Title

**Method and Apparatus for Capturing Images**  
~~Method and apparatus for capturing images~~

## Preliminary Class

386

Data entry by : MARTIN, DIANE

Team : OIPE

Date: 04/25/2000



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Bib Data Sheet

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<b>SERIAL NUMBER</b> 09/505,223	<b>FILING DATE</b> 02/16/2000 <b>RULE</b> -	<b>CLASS</b> 386	<b>GROUP ART UNIT</b> 2712	<b>ATTORNEY DOCKET NO.</b> M61.12-0161	
<b>APPLICANTS</b> Jonathan C. Kagle, Redmond, WA ; Gilad Odinak, Bellevue, WA ;  <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/136,517 05/28/1999  <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 04/25/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b>  Westman Champlin & Kelly P A International Centre Suite 1600 900 Second Avenue Minneapolis ,MN 55402-3319					
<b>TITLE</b>  Method and apparatus for capturing images					
<b>FILING FEE RECEIVED</b> 816	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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